

**Payment Policies for Healthcare Services
Provided to Injured Workers and Crime Victims**

Chapter 5: Audiology and Hearing Services

Effective July 1, 2013



Link: Look for possible **updates and corrections** to these payment policies at:

<http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/2013/>



Note: The policies and requirements in this chapter apply to all hearing aid services and devices except for CPT[®] codes.



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Definitions

- ▶ **Bundled:** A bundled procedure code isn't payable separately because its value is accounted for and included in the payment for other services. Bundled codes are identified in the fee schedules.

Pharmacy and DME providers can bill HCPCS codes listed as bundled in the fee schedules. This is because, for these provider types, there isn't an office visit or a procedure into which supplies can be bundled.



Link: For the legal definition of “bundled,” see [WAC 296-20-01002](#).

- ▶ **By report (BR):** A code listed in the fee schedule as “BR” doesn't have an established fee because the service is too unusual, variable, or new. When billing for the code, the provider must provide a report that defines or describes the services or procedures. The insurer will determine an appropriate fee based on the report.



Link: For more information, see [WAC 296-20-01002](#).

- ▶ **Restocking fees:** The Washington State Department of Health statute ([RCW 18.35.185](#)) and rule ([WAC 246-828-290](#)) allow hearing instrument fitter/dispensers and licensed audiologists to retain **\$150.00** or **15%** of the total purchase price, whichever is less, for any hearing aid returned within the rescission period (30 calendar days). This fee sometimes is called a “restocking fee.”

Insurers without hearing aid purchasing contracts will pay this fee when a worker rescinds the purchase agreement.



Links: For more information, see [WAC 246-828-290](#) and [RCW 18.35.185](#).



Payment policy: Audiology services

▶ Worker responsibilities

Worker responsible for devices that aren't medically necessary

The insurer is responsible for paying for hearing related services and hearing aids that are deemed medically necessary. In the event a worker refuses the recommendations given and wants to purchase different hearing aids, **the worker** then becomes totally responsible for the purchase of:

- The hearing aid,
- Batteries,
- Supplies, *and*
- Any future repairs.

Worker responsible for some repairs, losses, damages

Workers are responsible to pay for repairs and batteries for hearing aids that aren't authorized by the insurer.

The worker is also responsible for non-work related losses or damages to their hearing aids (for example, the worker's pet eats/chews the hearing aid, etc...). In no case will the insurer cover this type of damage. In these instances, the worker will be required to buy a new hearing aid consistent with current L&I guidelines outlined in this chapter.

After the worker's purchase and submission of the new warranty to the insurer, the insurer will resume paying for batteries and repairs following the hearing aid payment policies.

▶ Services that can be billed

The insurer will only purchase the hearing aids, devices, supplies, parts, and services described in the fee schedule (see "Additional information: Audiology fee schedule," below.)

A physician or ARNP may be paid for a narrative assessment of work-relatedness to the hearing loss condition.



Link: In the [Attending Doctor's Handbook](#), refer to the table on "Other Miscellaneous Codes and Descriptions."

► Services that aren't covered

The insurer doesn't pay any provider or worker to fill out the:

- **Occupational Disease Employment History Hearing Loss form** ([F262-013-111](#)), or
- **Occupational Hearing Loss Questionnaire** ([F262-016-000](#)).

The insurer won't pay for any repairs including parts and labor within the manufacturer's warranty period.

The insurer won't pay for the reprogramming of hearing aids.

The insurer doesn't cover disposable shells ("ear molds" in HCPCS codes).



Links: The **Occupational Disease Employment History Hearing Loss form** is available at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1695.

The **Occupational Hearing Loss Questionnaire** is available at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1697.

► Requirements for billing



Note: Also see the "Documentation and record keeping requirements" section of this chapter.

Hearing aid parts and supplies paid at acquisition cost

Parts and supplies must be billed and will be paid at acquisition cost including volume discounts (manufacturers' wholesale invoice).

Don't bill your usual and customary fee. (See specific billing instructions for these items in the following table.)

If you are billing for...	Then these can be:
Supply items for hearing aids, including: <ul style="list-style-type: none"> • Tubing, • Wax guards, <i>and</i> • Ear hooks. 	Billed within the warranty period.

If you are billing for...	Then these can be:
Parts for hearing aids, including: <ul style="list-style-type: none"> • Switches, • Controls, • Filters, • Battery doors, <i>and</i> • Volume control covers. 	Billed as replacement parts only, but not within the warranty period.
Shells (“ear molds” in HCPCS codes)	Billed separately at acquisition cost (the insurer doesn’t cover disposable shells).
Hearing aid extra parts, options, circuits, and switches (for example, T-coil and noise reduction switches)	Only billed when the manufacturer doesn’t include these in the base invoice for the hearing aid.

► Payment limits

Batteries

The insurer will pay the cost of battery replacement for the life of an authorized hearing aid.

Only one box of batteries (40) is authorized within each 90 day period. Providers must document the request for batteries by the worker and maintain proof that the worker actually received the batteries.



Note: Sending workers batteries that they haven’t requested and for which they don’t have an immediate need violates L&I’s rules and payment policies.

► **Additional information: Audiology fee schedule**



Notes: The insurer will only purchase the hearing aids, devices, supplies, parts, and services described in the fee schedule.

Also, see definitions of **by report** and **bundled** in “Definitions” at the beginning of this chapter.

HCPSC code	Description	Maximum fee
V5008	Hearing screening	\$77.78
V5010	Assessment for hearing aid	Bundled
V5011	Fitting/orientation/checking of hearing aid	Bundled
V5014	Hearing aid repair/modifying visit per ear (bill repair with code 5093V)	\$51.86
V5020	Conformity evaluation (1 visit allowed after the 30-day trial period)	Bundled
V5030	Hearing aid, monaural, body worn, air conduction	Acquisition cost
V5040	Body-worn hearing aid, bone	Acquisition cost
V5050	Hearing aid, monaural, in the ear	Acquisition cost
V5060	Hearing aid, monaural, behind the ear	Acquisition cost
V5070	Glasses air conduction	Acquisition cost
V5080	Glasses bone conduction	Acquisition cost
V5090	Dispensing fee, unspecified hearing aid	Not covered
V5100	Hearing aid, bilateral, body worn	Acquisition cost

HCPSC code	Description	Maximum fee
V5110	Dispensing fee, bilateral	Not covered
V5120	Binaural, body	Acquisition cost
V5130	Binaural, in the ear	Acquisition cost
V5140	Binaural, behind the ear	Acquisition cost
V5150	Binaural, glasses	Acquisition cost
V5160	Dispensing fee, binaural (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$1472.67
V5170	Hearing aid, cros, in the ear	Acquisition cost
V5180	Hearing aid, cros, behind the ear	Acquisition cost
V5190	Hearing aid, cros, glasses	Acquisition cost
V5200	Dispensing fee, cros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$882.68
V5210	Hearing aid, bicros, in the ear	Acquisition cost
V5220	Hearing aid, bicros, behind the ear	Acquisition cost
V5230	Hearing aid, bicros, glasses	Acquisition cost
V5240	Dispensing fee, bicros (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$882.68
V5241	Dispensing fee, monaural hearing aid, any type (includes up to 1 conformity eval and 2 follow up visits during the 30-day trial period)	\$736.33

HCPCS code	Description	Maximum fee
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	Acquisition cost
V5243	Hearing aid, monaural, ITC (in the canal)	Acquisition cost
V5244	Hearing aid, digitally programmable analog, monaural, CIC	Acquisition cost
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	Acquisition cost
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	Acquisition cost
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	Acquisition cost
V5248	Hearing aid, analog, binaural, CIC	Acquisition cost
V5249	Hearing aid, analog, binaural, ITC	Acquisition cost
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Acquisition cost
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Acquisition cost
V5252	Hearing aid, digitally programmable, binaural, ITE	Acquisition cost
V5253	Hearing aid, digitally programmable, binaural, BTE	Acquisition cost
V5254	Hearing aid, digital, monaural, CIC	Acquisition cost
V5255	Hearing aid, digital, monaural, ITC	Acquisition cost
V5256	Hearing aid, digital, monaural, ITE	Acquisition cost
V5257	Hearing aid, digital, monaural, BTE	Acquisition cost

HCPCS code	Description	Maximum fee
V5258	Hearing aid, digital, binaural, CIC	Acquisition cost
V5259	Hearing aid, digital, binaural, ITC	Acquisition cost
V5260	Hearing aid, digital, binaural, ITE	Acquisition cost
V5261	Hearing aid, digital, binaural, BTE	Acquisition cost
V5262	Hearing aid, disposable, any type, monaural	Not covered
V5263	Hearing aid, disposable, any type, binaural	Not covered
V5264	Ear mold (shell)/insert, not disposable, any type	Acquisition cost
V5265	Ear mold (shell)/insert, disposable, any type	Not covered
V5266	Battery for hearing device	\$0.90
V5267	Hearing aid supply/accessory	Acquisition cost
5091V	Hearing aid restocking fee (the lesser of 15% of the hearing aid total purchase price or \$150 per hearing aid)	By report
5092V	Hearing aid cleaning visit per ear (1 every 90 day, after the first year)	\$24.19
5093V	Hearing aid repair fee. Manufacturer's invoice required	By report



Payment policy: Advertising limits

► False, misleading, or deceptive advertising or representations

L&I can deny a provider's application to provide services or suspend or revoke an existing provider account if the provider participates in:

- False, misleading, or deceptive advertising, *or*
- Misrepresentations of industrial insurance benefits.

False advertising includes mailers and advertisements that:

- Suggest a worker's hearing aids are obsolete and need replacement, *or*
- Don't clearly document a specific hearing aid's failure, *or*
- Make promises of monetary gain without proof of disability or consideration of current law.



Link: For more information, see [RCW 51.36.130](#) and [WAC 296-20-015](#).



Payment policy: Dispensing fees

► Services that can be billed

Dispensing fees cover a 30 day trial period during which all aids may be returned. Also included:

- Up to four follow up visits (ongoing checks of the aid as the wearer adjusts to it), *and*
- One hearing aid cleaning kit, *and*
- Routine cleaning during the first year, *and*
- All handling and delivery fees.



Payment policy: Documentation and record keeping requirements

► Documentation to support initial authorization

The provider must keep **all of the following** information in the worker's medical records and submit a copy of each to the insurer:

- Name and title of referring practitioner, if applicable, *and*
- Complete hearing loss history, including whether the onset of hearing loss was sudden or gradual, *and*
- Associated symptoms including, but not limited to, tinnitus, vertigo, drainage, earaches, chronic dizziness, nausea, and fever, *and*
- A record of whether the worker has been treated for recent or frequent ear infections, *and*
- Results of the ear examination, *and*
- Results of all hearing and speech tests from initial examination, *and*
- Review and comment on historical hearing tests, if applicable, *and*
- All applicable manufacturers' warranties (length and coverage) plus the make, model and serial number of any hearing aid device(s) supplied to the worker as original or as a replacement, *and*
- Original or unaltered copies of manufacturers' invoices, *and*
- Copy of the **Hearing Services Worker Information** form ([F245-049-000](#)) signed by the worker and provider, *and*
- Invoices and/or records of all repairs.



Link: The **Hearing Services Worker Information** form is available at:
www.Lni.wa.gov/FormPub/Detail.asp?DocID=2032.

► Documentation to support repair

The provider who arranges for repairs to hearing aid(s) authorized and purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period. Repair request for State Fund claims must be sent to the Provider Hotline.

► Documentation to support replacement

The following information must be submitted to the insurer when requesting authorization for hearing aid replacement:

- The name and credential of the person who inspected the hearing aid, *and*
- Serial number of the aids to be replaced, *and*
- Date of the inspection, *and*
- Observations (for example, a description of the damage, and specific reasons why the device can't be repaired).

► Requirements for billing

Correspondence with the insurer

The insurer may deny payment of the provider's bill if the following information hasn't been received:

- Original or unaltered wholesale invoices from the manufacturer are required to show the acquisition cost, serial numbers, and warranty information, and must be retained in the provider's office records for a minimum of 5 years. The insurer **won't accept** invoices printed from email or the internet, and
- A hard copy of the original or unaltered manufacturer's wholesale invoice must be submitted by the provider when an individual hearing aid, part, or supply costs \$150.00 or more, or upon the insurer's request.



Note: Electronic billing providers must submit a hard copy of the original or unaltered manufacturer's wholesale invoice with the make, model, and serial number for individual hearing aids within 5 days of bill submission.

To avoid delays in processing, all correspondence to the insurer must indicate the worker's name and claim number in the upper right hand corner of each page of the document.

Providers are required to send warranty information for:

- **State Fund** claims to:

Department of Labor and Industries
PO Box 44291
Olympia, WA 98504-4291
- **Self-insured** claims to the SIE/TPA. Contact list available at:
www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/.



Payment policy: Hearing aids, devices, supplies, parts, and services

► General requirements

All hearing aid devices provided to workers must meet or exceed all Food and Drug Administration (FDA) standards.

All manufacturers and assemblers must hold a valid FDA certificate.

► Self-insurers with purchasing contracts for hearing aids

SIEs that have entered into contracts for purchasing hearing aid related services and devices may continue to use them.



Link: For more information, see [WAC 296-23-165\(1b\)](#).

SIEs that don't have hearing aid purchasing contracts must follow L&I's maximum fee schedule and purchasing policies for all hearing aid services and devices listed in this chapter.

► Types of hearing aids authorized

Types of hearing aids authorized

The insurer will purchase hearing aids of appropriate technology to meet the worker's needs (for example, digital). The decision will be based on recommendations from:

- Physicians, *or*
- ARNPs, *or*
- Licensed audiologists, *or*
- Fitter/dispensers.

The insurer covers the following types of hearing aids:

- Behind the ear (BTE),
- Digital or programmable in the ear (ITE),
- In the canal (ITC), *and*
- Completely in the canal (CIC)

Any other types of hearing aids needed for medical conditions will be considered based on justifications from the physician, ARNP, licensed audiologist or fitter/dispenser.

- L&I won't purchase used or repaired equipment.
- The insurer won't purchase hearing devices intended for safety protection.

The following table indicates which services and devices are covered by provider type:

If the provider is a...	Then the services or devices that can be billed are:
Fitter/dispenser	HCPSC codes for all hearing related services and devices.
Durable medical equipment (DME) provider	<ul style="list-style-type: none">• Supply codes, <i>and</i>• Battery codes.
Physician, ARNP, licensed audiologist	<ul style="list-style-type: none">• HCPSC codes for hearing related services and devices, <i>and</i>• CPT® codes for hearing-related testing and office calls.

► Prior authorization

Initial and subsequent hearing related services

The insurer won't pay for hearing devices provided prior to authorization.

Prior authorization must be obtained from the insurer for all initial and subsequent hearing related services, devices, supplies, and accessories.

To initiate the authorization process for:

- **State Fund** claims, call the claim manager or the State Fund's Provider Hotline at **1-800-848-0811** (in Olympia call **902-6500**).
- **Self-insured** claims, the provider should obtain prior authorization from the SIE or its TPA.

The insurer will notify the worker in writing when the claim is accepted or denied.



Link: For more information, see [WAC 296-20-03001](#) and [WAC 296-20-1101](#).

Cases of special need

In cases of special need, such as when the worker is working and a safety issue exists, the provider may be able to obtain the insurer's authorization to dispense hearing aid(s) after the doctor's examination and before the claim is accepted.

Special authorization for hearing aids and masking devices over \$900.00 per ear

If the manufacturer's invoice cost of any hearing aid or masking device exceeds **\$900.00** per ear including shipping and handling, special authorization is required from the claim manager.



Notes: The cost of BTE ear molds doesn't count toward the **\$900.00** for special authorization. Initial BTE ear molds may be billed using **V5264** and replacements may be billed using **V5014** with **V5264**.

The cost of any electronic device, such as receivers included in the ear molds, counts towards the **\$900.00** limit per hearing aid.

Masking devices for tinnitus

In cases of accepted tinnitus, the insurer may authorize masking devices. (Also see "Requirements for billing," below.)

Required documentation

The insurer will authorize hearing aids only when prescribed or recommended by a physician or ARNP and the claim for hearing loss has been allowed. State Fund claim managers use the information outlined below to decide whether an individual worker has a valid work related hearing loss.

An SIE/TPA may use these or similar forms to gather information:

- **Report of Accident** ([F242-130-000](#)),
- **Occupational Disease Employment History Hearing Loss** form ([F262-013-000](#); [F262-013-111](#) continuation),
- **Occupational Hearing Loss Questionnaire** ([F262-016-000](#)),
- Valid audiogram,
- Medical report, *or*
- **Hearing Services Worker Information** form ([F245-049-000](#)).



Link: The forms are available on L&I's website, at: www.Lni.wa.gov/FormPub/.

► Who must perform these services to qualify for payment

Authorized testing

Testing to fit a hearing aid may be done by a:

- Licensed audiologist,
- Fitter/dispenser,
- Qualified physician, *or*
- Qualified ARNP.

The provider must obtain prior authorization for subsequent testing.



Note: Fitter/ dispensers aren't reimbursed for audiograms. The provider performing the service must do the billing.

► Requirements for billing



Note: Also see the “Documentation and record keeping requirements” section of this chapter.

All hearing aids, parts, and supplies

All hearing aids, parts, and supplies must be billed using HCPCS codes.

Hearing aids and devices are considered to be durable medical equipment (DME) and must be billed at their acquisition cost.



Link: For more details, refer to the “Acquisition Cost Policy” in the [Supplies, Materials, and Bundled Services](#) chapter.

Binaural hearing aids

When billing the insurer for hearing aids **for both ears**, providers must indicate on the **CMS- 1500 (F245-127-000)** or **Statement for Miscellaneous Services** form ([F245-072-000](#)) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for each side of the body (right/left), *and*
- The appropriate HCPCS code for binaural aids.

Only bill one unit of service even though two hearing aids (binaural aids) are dispensed.



Note: Electronic billing providers must use the appropriate field for the diagnosis code and side of body, specific to each provider’s electronic billing format.



Link: The forms are available on L&I’s website, at: www.Lni.wa.gov/FormPub/.

Monaural hearing aids

When billing the insurer for **one hearing aid**, providers must indicate on the **CMS-1500 (F245-127-000)** or **Statement for Miscellaneous Services** form (**F245-072-000**) the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for the side of the body (right/left) affected, *and*
- The appropriate HCPCS code for monaural aid.

Only bill one unit of service.



Note: Electronic billing providers must use the appropriate field for the diagnosis code and side of body, specific to each provider's electronic billing format.

Tinnitus masking devices

Note: Also see "Prior authorization," above.

If masking devices are dispensed without hearing aids, providers will bill using code **E1399**.

When dispensed as a component of a hearing aid, providers will bill using code **V5267**.

If masking devices are dispensed without hearing aids, the provider may also bill the appropriate dispensing fee code for monaural or binaural devices.

► Payment limits**Authorized testing**

The insurer doesn't pay for testing after a claim has closed unless related to fitting of replacement hearing aids.

The insurer doesn't cover annual hearing tests.

If free initial hearing screenings are offered to the public, the insurer won't pay for these services.

► 30 day trial period

A 30 day trial period is the standard established by [RCW 18.35.185](#). During this time:

- The provider supplying the aids must allow workers to have their hearing aids adjusted or be returned without cost for the aids and without restrictions beyond the manufacturer's requirements (for example, hearing aids aren't damaged),
- Follow up hearing aid adjustments are bundled into the dispensing fee, *and*
- If hearing aids are returned within the 30 day trial period, the provider must refund the hearing aid and dispensing fees.



Link: For more information, see [RCW 18.35.185](#).



Payment policy: Repairs and replacements

► Warranties

Hearing aid industry standards provide a minimum of a one year repair warranty on most hearing devices, which includes parts and labor. Where a manufacturer provides a warranty greater than one year, the manufacturer's warranty will apply.

Some wholesale companies' warranties also include a replacement policy to pay for hearing aids that are lost. If the hearing aid loss is covered under the warranty, the provider must honor the warranty and replace the worker's lost hearing aid according to the warranty. The worker is responsible for any charges outlined in the manufacturer's warranty.

The insurer doesn't purchase or provide additional manufacturers' or extended warranties beyond the initial manufacturer's warranty (or any additional provider warranty).

The insurer won't pay for any repairs including parts and labor within the manufacturer's warranty period. The warranty period begins:

- On the date the hearing aid is dispensed to the worker, *or*
- For repairs, when the hearing aid is returned to the worker.

► Prior authorization

Repairs

Prior authorization is required for all billed repairs. The insurer will repair hearing aids and devices when needed due to normal wear and tear. Also note that:

- At its discretion, the insurer may repair hearing aids and devices under other circumstances, *and*
- After the manufacturer's warranty expires, the insurer will pay for the cost of appropriate repairs for the hearing aids they authorized and purchased, *and*
- If the aid is damaged in a work related incident, the worker must file a new claim to repair or replace the damaged hearing aid.

Providers must submit a written estimate of the repair cost to the State Fund Provider Hotline or the self-insured employer (SIE) claim manager to get prior authorization for:

- In office repairs, *or*
- Repairs by the manufacturer, *or*
- Repairs by an all make repair company.

Replacements

Replacement is defined as purchasing a hearing aid for the worker according to L&I's current guidelines.

The insurer doesn't provide an automatic replacement period.

The insurer will replace hearing aids when they aren't repairable due to normal wear and tear. Also note that:

- At its discretion, the insurer may replace hearing aids in other circumstances, *and*
- The insurer may replace the hearing aid exterior (shell) when a worker has ear canal changes or the shell is cracked. The insurer won't pay for new hearing aids when only new ear shell(s) are needed, *and*
- The insurer won't replace a hearing aid when the hearing aid is working up to the manufacturer's original specifications, *and*
- The insurer won't replace a hearing aid due to hearing loss changes, unless the new degree of hearing loss was due to continued on the job exposure. A new claim must be filed with the insurer if further hearing loss is a result of continued work-related exposure or injury, or the aid is lost or damaged in a work-related incident, *and*
- The insurer won't replace hearing aids based solely on changes in technology, *and*
- The insurer won't pay for new hearing aids for hearing loss resulting from:
 - Noise exposure that occurs outside the workplace, *or*
 - Further coverage exposure, *or*
 - Nonwork related diseases, *or*
 - The natural aging process.

Replacement requests must be sent directly to the insurer.

State fund replacement requests are made directly to the claim manager. Request may be mailed or faxed to **360-902-6252**.

Documentation that a hearing aid isn't repairable may be submitted by:

- Licensed audiologists, *or*
- Fitter/dispensers, *or*
- All make repair companies, *or*
- FDA certified manufacturers.

Documentation to support that a hearing aid isn't repairable must be verified by:

- All make repair companies, *or*
- FDA certified manufacturers/repair facilities.

The provider must submit written, logical rationale for the claim manager's consideration if:

- Only one of the binaural hearing aids isn't repairable, *and*
- In the professional's opinion both hearing aids need to be replaced.



Note: The condition of the other hearing aid must be documented.

► Who must perform these services to qualify for payment

Repairs

Audiologists and fitters/dispensers may be paid for providing authorized in office repairs.

► Requirements for billing

Repairs

The provider who arranges for repairs to hearing aid(s) authorized or purchased by the insurer must submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

Authorized in-office repairs must be billed using **V5014** and **V5267**.

Replacements

The worker must sign and be given a copy of the **Hearing Services Worker Information** form ([F245-049-000](#)). The provider must submit a copy of the signed form with the replacement request.

The manufacturer's warranty and any additional provider warranty must be submitted in hard copy to the insurer for all hearing devices and hearing aid repairs. The warranty should include the individual hearing aid's:

- Make, *and*
- Model, *and*
- Serial number.

The provider must inform the insurer of the type of hearing aid dispensed and the codes they are billing.



Link: The **Hearing Services Worker Information** form ([F245-049-000](#)) is available on L&I's website, at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=2032.



Payment policy: Replacement of linear nonprogrammable analog hearing aids

► When these hearing aids may be replaced

Linear nonprogrammable analog hearing aids may be replaced with nonlinear digital or analog hearing when the worker returns a linear analog hearing aid to their dispenser or audiologist because:

- The hearing aid is inoperable, *or*
- The worker is experiencing an inability to hear, *and*
- The insurer has given prior authorization to replace the hearing aid.

The associated professional fitting fee (dispensing fee) will also be paid when the replacement of linear analog with nonlinear digital or analog hearing aid is authorized (see “Prior authorization,” below).



Note: Providers must use modifier **—RP** with the appropriate hearing aid HCPCS code to be paid for the replacement aid. The **—RP** modifier is required to help the insurer track utilization of the replacement hearing aids.

► Prior authorization

Prior authorization must be obtained from the insurer **before** replacing linear analog hearing aids. The insurer **won't pay** for replacement hearing aids issued prior to authorization.

Authorization documentation and record keeping requirements

Before authorizing replacement, the insurer will require and request the following documentation from the provider:

- **Required:** A separate statement (signed by both the provider and the injured worker): *"This linear analog replacement request is sent in accordance with L&I's linear analog hearing aid replacement policy."*, *and*
- **Required for State Fund claims:** Completed **Hearing Services Worker Information** form ([F245-049-000](#)), available at: www.Lni.wa.gov/FormPub/Detail.asp?DocID=2032, *and*

- Serial number(s) of the current linear analog aid(s), if available, *and*
- Make/model of the current linear analog aid(s), if available, *and*
- Date original hearing aid(s) issued to worker, if available.

For State Fund claims prior authorization:

- Call the claim manager, *or*
- Fax the request to the Provider Hotline at **360-902-6490**.

For self-insured claims prior authorization, contact the SIE/TPA for prior authorization.



Link: For a list of SIEs/TPAs, see:

www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp

► Who must perform these services to qualify for payment

Audiologists, physicians, ARNPs, and fitter/dispensers who have current L&I provider account numbers may bill for hearing aid replacement. You may bill for the acquisition cost of the nonlinear aids and the associated professional fitting fee (dispensing fee).



Payment policy: Restocking fees

(See definition of **restocking fees** in “Definitions” at the beginning of this chapter.)

► Requirements for billing

The insurer must receive form **Termination of Agreement (Rescission)** form ([F245-050-000](#)) or a statement signed and dated by the provider and the worker.



Note: The form must be faxed to L&I at **360-902-4567** or forwarded to the SIE/TPA within two business days of receipt of the signatures.



Link: The form is available on L&I's website, at:
www.Lni.wa.gov/FormPub/Detail.asp?DocID=2033.

The provider must submit a refund of the full amount paid by the insurer for the dispensing fees and acquisition cost of the hearing aid that was provided to the worker. The provider may then submit a bill to the insurer:

- Either for the restocking fee of **\$150.00** or **15%** of the total purchase price, whichever is less, *and*
- Using billing code **5091V**.



Note: Restocking fees can't be paid until the insurer has received the refund.



Links: Related topics

If you're looking for more information about...	Then go here:
Administrative rules and Washington state laws for audiology and hearing services	<p>Washington Administrative Code (WAC) 246-828-290: http://apps.leg.wa.gov/WAC/default.aspx?cite=246-828-290</p> <p>WAC 296-20-015: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-20-015</p> <p>WAC 296-23-165: http://apps.leg.wa.gov/WAC/default.aspx?cite=296-23-165</p> <p>Revised Code of Washington (RCW) 18.35.185: http://apps.leg.wa.gov/RCW/default.aspx?cite=18.35.185</p> <p>RCW 51.36.130: http://apps.leg.wa.gov/RCW/default.aspx?cite=51.36.130</p>
Attending Doctor's Handbook	<p>L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1669</p>
Becoming an L&I provider	<p>L&I's website: www.Lni.wa.gov/ClaimsIns/Providers/Becoming/</p>
Billing instructions and forms	<p>Chapter 2: Information for All Providers</p>
Fee schedules for all healthcare professional services (including audiology)	<p>L&I's website: http://feeschedules.Lni.wa.gov</p>
Hearing Services Worker Information form	<p>L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=2032</p>
Occupational Disease Employment History Hearing Loss form	<p>L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1695</p>
Occupational Hearing Loss Questionnaire	<p>L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1697</p>

If you're looking for more information about...	Then go here:
Payment policies for acquisition cost	Chapter 28: Supplies, Materials, and Bundled Services
Payment policies for durable medical equipment (DME)	Chapter 9: Durable Medical Equipment
Payment policies for supplies	Chapter 28: Supplies, Materials, and Bundled Services
Report of Accident form	L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1599
Statement for Miscellaneous Services form	L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=1627
Termination of Agreement (Rescission) form	L&I's website: www.Lni.wa.gov/FormPub/Detail.asp?DocID=2033

► **Need more help?** Call L&I's Provider Hotline at **1-800-848-0811**.